

SENATE FLOOR VERSION

February 27, 2023

SENATE BILL NO. 143

By: Hicks

[health insurance - diabetes - effective date]

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 36 O.S. 2021, Section 6060.2, as amended by Section 1, Chapter 199, O.S.L. 2022 (36 O.S. Supp. 2022, Section 6060.2), is amended to read as follows:

Section 6060.2. A. 1. Every health benefit plan issued or renewed on or after November 1, 1996, shall, subject to the terms of the policy contract or agreement, include coverage for the following equipment, supplies and related services for the treatment of Type I, Type II, and gestational diabetes, when medically necessary and when recommended or prescribed by a physician or other licensed health care provider legally authorized to prescribe under the laws of this state:

- a. blood glucose monitors,
- b. blood glucose monitors to the legally blind,
- c. test strips for glucose monitors,
- d. visual reading and urine testing strips,

- e. insulin,
- f. injection aids,
- g. cartridges for the legally blind,
- h. syringes,
- i. insulin pumps and appurtenances thereto,
- j. insulin infusion devices,
- k. oral agents for controlling blood sugar, and
- l. podiatric appliances for prevention of complications associated with diabetes.

2. The State Board of Health shall develop and annually update, by rule, a list of additional diabetes equipment, related supplies and health care provider services that are medically necessary for the treatment of diabetes, for which coverage shall also be included, subject to the terms of the policy, contract, or agreement, if the equipment and supplies have been approved by the federal Food and Drug Administration (FDA). Additional FDA-approved diabetes equipment and related supplies, and health care provider services shall be determined in consultation with a national diabetes association affiliated with this state, and at least three (3) medical directors of health benefit plans, to be selected by the State Department of Health.

3. All policies specified in this section shall also include coverage for:

- 1 a. podiatric health care provider services as are deemed
2 medically necessary to prevent complications from
3 diabetes, and
- 4 b. diabetes self-management training. As used in this
5 subparagraph, "diabetes self-management training"
6 means instruction in an inpatient or outpatient
7 setting which enables diabetic patients to understand
8 the diabetic management process and daily management
9 of diabetic therapy as a method of avoiding frequent
10 hospitalizations and complications. Diabetes self-
11 management training shall comply with standards
12 developed by the State Board of Health in consultation
13 with a national diabetes association affiliated with
14 this state and at least three medical directors of
15 health benefit plans selected by the State Department
16 of Health. Coverage for diabetes self-management
17 training, including medical nutrition therapy relating
18 to diet, caloric intake, and diabetes management, but
19 excluding programs the only purpose of which are
20 weight reduction, shall be limited to the following:
- 21 (1) visits medically necessary upon the diagnosis of
22 diabetes,
- 23 (2) a physician diagnosis which represents a
24 significant change in the symptoms or condition

1 of the patient making medically necessary changes
2 in the self-management of the patient, and

3 (3) visits when reeducation or refresher training is
4 medically necessary;

5 provided, however, payment for the coverage required for diabetes
6 self-management training pursuant to the provisions of this section
7 shall be required only upon certification by the health care
8 provider providing the training that the patient has successfully
9 completed diabetes self-management training.

10 4. Diabetes self-management training shall be supervised by a
11 licensed physician or other licensed health care provider legally
12 authorized to prescribe under the laws of this state. Diabetes
13 self-management training may be provided by the physician or other
14 appropriately registered, certified, or licensed health care
15 professional as part of an office visit for diabetes diagnosis or
16 treatment. Training provided by appropriately registered,
17 certified, or licensed health care professionals may be provided in
18 group settings where practicable.

19 5. Coverage for diabetes self-management training and training
20 related to medical nutrition therapy, when provided by a registered,
21 certified, or licensed health care professional, shall also include
22 home visits when medically necessary and shall include instruction
23 in medical nutrition therapy only by a licensed registered dietitian
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1 or licensed certified nutritionist when authorized by the
2 supervising physician of the patient when medically necessary.

3 6. Coverage may be subject to the same annual deductibles or
4 coinsurance as may be deemed appropriate and as are consistent with
5 those established for other covered benefits within a given policy.

6 7. Any health benefit plan, as defined pursuant to Section
7 6060.4 of this title, that provides coverage for insulin pursuant to
8 this section shall cap the total amount that a covered person is
9 required to pay for insulin at an amount not to exceed Thirty
10 Dollars (\$30.00) per thirty-day supply or Ninety Dollars (\$90.00)
11 per ninety-day supply of insulin for each covered insulin
12 prescription, regardless of the amount or type of insulin needed to
13 fill the prescription or prescriptions of the covered person.

14 a. Nothing in this paragraph shall prevent a health
15 benefit plan from reducing the cost-sharing of a
16 covered person to an amount less than Thirty Dollars
17 (\$30.00) per thirty-day supply or Ninety Dollars
18 (\$90.00) per ninety-day supply.

19 b. The Insurance Commissioner shall ensure all health
20 benefit plans comply with the requirements of this
21 paragraph.

22 c. The Commissioner may promulgate rules as necessary to
23 implement and administer the requirements of this
24 paragraph and to align with federal requirements.

1 8. Starting on or after the effective date of this act, any
2 high deductible health plan, as defined pursuant to Section 6060.15
3 of this title, that is issued, renewed, or delivered in this state
4 by a private insurer pursuant to this section shall allow an insured
5 to set aside funds on a tax-free basis, up to the contribution limit
6 provided in Section 223 of the Internal Revenue Code, as amended, to
7 pay for out-of-pocket medical expenses related to diabetes treatment
8 and care under this section.

9 B. 1. Health benefit plans shall not reduce or eliminate
10 coverage due to the requirements of this section.

11 2. Enforcement of the provisions of this ~~act~~ section and
12 Section 1307.2 of Title 74 of the Oklahoma Statutes shall be
13 performed by the Insurance Department and the State Department of
14 Health.

15 C. As used in this section, "health benefit plan" means any
16 plan or arrangement as defined in subsection C of Section 6060.4 of
17 this title.

18 SECTION 2. This act shall become effective November 1, 2023.

19 COMMITTEE REPORT BY: COMMITTEE ON FINANCE
20 February 27, 2023 - DO PASS
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